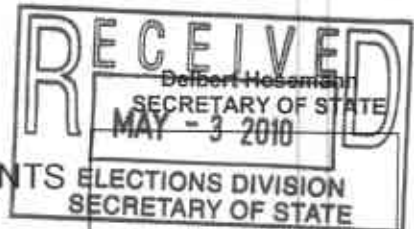


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee MS Republican Party (Voter ID Activity)
Address P.O. Box 60, Jackson, MS 39205
Telephone 601 948 5191 Fax 601 3540972
Director Brad White Treasurer Annie Hederman

DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

March (Month), 2010 Monthly Report (due 10th of following Month).....Mandatory

____ Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 ⁰⁰ + \$ 0 ⁰⁰	\$ 0 ⁰⁰	\$ 16,500. ⁰⁰
Total amount of disbursements	\$ 7992. ⁸⁴ + \$ 0 ⁰⁰	\$ 7992. ⁸⁴	\$ 24,968. ²⁸
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date 5/3/10

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

Name of Candidate or Committee MS Republican Party (Voter ID Efforts) Page 1 of 1
 Reporting period 3-1-10 through 3-31-10

ITEMIZED DISBURSEMENTS

A. Full name <u>FLS Connect, LLC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>7300 Hudson Blvd, Ste 270</u>		<u>3/17/10</u>	\$ <u>300⁰⁰</u>
City, State, Zip Code <u>Saint Paul, MN 55128</u>		<u>3/17/10</u>	\$ <u>300⁰⁰</u>
Purpose of Disbursement (Optional) <u>Photo Voter ID Phone Message</u>		Aggregate Year-to-date	\$
B. Full name <u>FLS Connect, LLC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>7300 Hudson Blvd, Ste 270</u>		<u>3/18/10</u>	\$ <u>7392.84</u>
City, State, Zip Code <u>Saint Paul, MN 55128</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Photo Voter ID Phone Message</u>		Aggregate Year-to-date	\$ <u>7,992.84</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$